






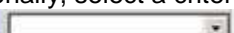


## View Claim Status Online Quick Reference







### Business Rules

- Providers are only able to view transactions they submitted
- A maximum of 50,000 claims will be returned from a single inquiry
- When using the **Filter By** feature, the percent sign (%) acts as a wildcard. It can be used in conjunction with search criteria or

by itself. The wildcard does not work within the first Filter By menu.

- Use the **Cancel** button to close out of a window, **DO NOT** click the  to exit the page. If the button is used by mistake, press the **F5** button on your keyboard to refresh the page.

Action	View Claim Status Online – Filter By	Notes				
Filter By	1. After you have logged into CHAMPS with your Single Sign On (SSO) user ID and password, select one of the following profiles: CHAMPS Full Access, CHAMPS Limited Access or Claims Access	<ul style="list-style-type: none"><li>The system will display the claim status list page to retrieve claim inquire for the NPI you have selected in step 1.</li><li><b>Filter By</b> values include: (list is not all inclusive)</li></ul>				
	2. Click the Claims tab at the top of the page					
	3. Click <b>Inquire Claims</b> hyperlink					
	4. Click <b>Inquire Claim</b> hyperlink					
	5. Select a criteria in the first <b>Filter By</b> drop down <b>Filter By :</b> 	<table><tr><th>First FILTER BOX</th><th>Additional FILTERS</th></tr><tr><td><ul style="list-style-type: none"><li>Approved Amount</li><li>Beneficiary ID</li><li>Claim Type</li><li>Consumer ID</li><li>From/To Dates</li><li>Medical Record Number</li><li>MiChild ID</li><li>Original TCN</li><li>PA Number</li><li>Patient Account Number</li><li>Pay Cycle Date</li><li>Recipient ID</li><li>Referral Number</li><li>Rendering Provider NPI</li><li>TCN</li></ul></td><td><ul style="list-style-type: none"><li>APC Pay Status</li><li>Adjudication Date</li><li>Admission Date</li><li>Approved Amount</li><li>Beneficiary ID</li><li>Beneficiary Name</li><li>Claims Filing Indicator</li><li>Consumer ID</li><li>Diagnosis Code</li><li>GA/RP ID</li><li>HIPAA Version</li><li>Invoice Date</li><li>Invoice Type</li><li>Line Approved Amount</li><li>Line Item Control Number</li><li>MiChild ID</li><li>Modifier</li><li>NDC Code</li><li>Oral Cavity</li><li>Original TCN</li><li>Other Payer ADJ reason Code</li><li>PA Number</li><li>Patient Account Number</li><li>Pay Cycle Date</li><li>Payer ID</li></ul></td></tr></table>	First FILTER BOX	Additional FILTERS	<ul style="list-style-type: none"><li>Approved Amount</li><li>Beneficiary ID</li><li>Claim Type</li><li>Consumer ID</li><li>From/To Dates</li><li>Medical Record Number</li><li>MiChild ID</li><li>Original TCN</li><li>PA Number</li><li>Patient Account Number</li><li>Pay Cycle Date</li><li>Recipient ID</li><li>Referral Number</li><li>Rendering Provider NPI</li><li>TCN</li></ul>	<ul style="list-style-type: none"><li>APC Pay Status</li><li>Adjudication Date</li><li>Admission Date</li><li>Approved Amount</li><li>Beneficiary ID</li><li>Beneficiary Name</li><li>Claims Filing Indicator</li><li>Consumer ID</li><li>Diagnosis Code</li><li>GA/RP ID</li><li>HIPAA Version</li><li>Invoice Date</li><li>Invoice Type</li><li>Line Approved Amount</li><li>Line Item Control Number</li><li>MiChild ID</li><li>Modifier</li><li>NDC Code</li><li>Oral Cavity</li><li>Original TCN</li><li>Other Payer ADJ reason Code</li><li>PA Number</li><li>Patient Account Number</li><li>Pay Cycle Date</li><li>Payer ID</li></ul>
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	6. Optionally, select a criteria in the second <b>Filter By</b> drop down <b>And</b> 					
	7. Optionally, select a criteria in the third <b>Filter By</b> drop down <b>And</b> 					
8. Optionally, select a criteria in the <b>With Status</b> drop down <b>With Status</b> 						
9. Click the  button						

		<ul style="list-style-type: none"> <li>• Place of Service</li> <li>• Procedure Code</li> <li>• Reason Code</li> <li>• Remark Code</li> <li>• Recipient ID</li> <li>• Referral Number</li> <li>• Rendering Provider NPI</li> <li>• Revenue Code</li> <li>• TCN</li> </ul> <ul style="list-style-type: none"> <li>• To retrieve HIPAA Reason code (denial reason) you must filter by the value “<b>Reason Code</b>” with wildcard (%) and Remark Code with wildcard (%)</li> <li>• <b>With Status</b> values include: <ul style="list-style-type: none"> <li>• Denied</li> <li>• In Process</li> <li>• Paid</li> <li>• Void</li> </ul> </li> </ul>
Action	View Claim Status Online – View Claim Details	Notes
View Claim Details	<ol style="list-style-type: none"> <li>1. Optionally, click on the Transaction Control Number (TCN) hyperlink</li> <li>2. System displays Claim Header information</li> <li>3. Optionally, click the  icon to display <b>Service Line List</b> or select this criteria from the <b>Show</b> drop down at the top right of the screen <b>Show:</b>  <ol style="list-style-type: none"> <li>a. Optionally, select the service line TCN to view line item details</li> <li>b. Optionally, select the  or  button to view details of the next or pervious line item</li> <li>c. Select  to return to the Service Line List page</li> </ol> </li> <li>4. Optionally, select criteria from the <b>Show</b> drop down at the top right of the screen to view additional claim information <b>Show:</b> </li> </ol>	